

Availability of acute mental health beds

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on the availability of acute mental health beds in Norfolk in light of concern about reports in February 2017 of prolonged detention of individuals in police custody awaiting a mental health bed and about the level of out-of-area placements.

1. Introduction

- 1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'Availability of acute mental health beds' to its forward work programme on 23 February 2017. This followed reports in the local press of examples of prolonged detention of individuals in police custody while waiting for an acute mental bed following assessment under the Mental Health Act.
- 1.2 In February 2017 it was also clear that there was a rising trend in out-of-area placements of NSFT patients (i.e. patients being placed in beds outside of the Norfolk and Suffolk geographic area). By the end of the 2016-17 financial year the total number of out-of-area bed days was 3,207. There were also a total of 4,675 out-of-Trust bed days at Mundesley Hospital (which is in the Trust's geographic area but does not belong to NSFT). Together the out-of-area and out-of-Trust bed days cost a total of £4.5m. The budget for 2016-17 was £1m.

2. Background - national initiatives and changes to mental health services in Norfolk

- 2.1 For decades the NHS has been shifting the care and support of people with mental health problems from psychiatric institutions into community based settings. NSFT's Trust Service Strategy 2012-16 (TSS) involved a redesign of mental health services with the aim of delivering a service to the maximum number of people possible within the constraints of the available budget. An important strand of the TSS was to enable more people to be treated by shifting resources away from in-patient services towards providing services in the community. Initially the plan was to have 86 fewer mental health beds across Norfolk and Suffolk. This went hand-in-hand with enhancing community services, Crisis Resolution Home Treatment teams and Dementia Intensive Support Teams.
- 2.2 A report to NHOSC on 4 September 2014 noted plans to reduce functional (i.e. non dementia) mental health beds by 20 and dementia beds by 8 in the Great Yarmouth and Waveney area, and a pilot taking

12 functional mental health and 12 dementia beds out of use in West Norfolk. There were to be no mental health bed closures in the central Norfolk area. In fact, Members were informed of plans to open 10 additional mental health beds in Norwich, which would help avoid the need for patients from other parts of Norfolk to be placed in the Great Yarmouth and Waveney area.

- 2.3 The Norfolk and Waveney Sustainability Transformation Plan (STP) October 2016, reported to NHOSC in December 2016, reflects the NHS Five Year Forward View for mental health by prioritising the support of people in the community and the reducing the need for acute and residential beds. It includes the aim for a 100% reduction in acute out of area beds as a contribution towards closing the financial sustainability gap, and has a Key Workstream Objective to 'Offset and reduce the growth in out of area bed days'. This is supported by an investment of £14.1m to enable the local and Five Year Forward View mental health priorities to be met.
- 2.5 NSFT has three Section 136 suites in Norfolk; at Northgate Hospital, Great Yarmouth, at the Hellesdon Hospital in Norwich and at the Fermoy Unit in King's Lynn. These are 'places of safety' where people in mental health crisis can be taken by Police to be looked after by mental health professionals. This frees the Police to return to their duties in the community. NSFT received a one-off capital funding grant of £394,700 from the Department of Health, Home Office and NHS England in 2016 to refurbish the suites in King's Lynn and Great Yarmouth and to rebuild and extend the one in Norwich.
- 2.6 It was reported to the NSFT Board of Directors in April 2017 that the Trust is funded at Hellesdon and Waveney for dedicated staffing for the Section 136 suites however not at Kings Lynn, which causes pressure on ward staff and potential delays for the police.

3. NSFT's bed review

- 3.1 On 27 April 2017 NSFT's Board of Directors received a report about a Bed Review carried out by Mental Health Strategies for NSFT and the CCG commissioners. The review centred on NSFT's acute care pathway and associated community services and focused on the number of beds required for day-to-day services. The report is available on NSFT's website (Board of Directors Public Papers, 27 April 2017, agenda item 17.72 i, attachment E):-
<http://www.nsft.nhs.uk/Event/Pages/BoD-27Apr2017.aspx>
- 3.2 The review concluded the following:
 - a) There is a range of variance across Norfolk and Suffolk in service models, in referral and admission rates, in the operation of community teams. There are clear opportunities to spread learning and practice across the Trust to improve the overall service efficiency and effectiveness.

- b) Clinical variance (both primary and secondary) should be addressed. **With this action and adjusting the pattern of alternatives to admission then the current number of beds could be sufficient.**
- c) Crisis cafes and a small number of additional step down beds would offer the most useful means of alternatives to admission.
- d) Assessment beds are not considered to offer an advantage and all working age beds could be considered equivalent.
- e) A community personality disorder service would be a useful addition to current services (although it should not be seen as a replacement for any existing services).
- f) Demand and capacity on community teams is out of balance and should be addressed.

3.3 The Mental Health Workstream for the Norfolk and Waveney STP has agreed to address some of the recommendations arising from the bed review within its work plan:-

- (i) Clinical variation – a project to address clinical variation for both primary and secondary care.
- (ii) Crisis café – a project aiming to design and implement a new service model (Crisis Hub) by December 2017, initially in Norwich, to support people experiencing heightened emotional distress – those on an escalation path to crisis.
- (iii) Alternatives to admission: step down beds
- (iv) Community personality disorder service – the design of the service is expected to be completed by the end of 2017-18.

3.4 In addition to the STP actions the Trust has established a task and finish group to deliver against some short term actions to address Out of Trust placements. The group is led by the Chief Executive and includes the Director of Operations, Director of Finance and Associate Director of Operations. The actions are:-

1. Change functionality of continuing care beds to dementia care at the Julian Hospital
2. Delayed transfers of care – discussion with Social Care on access to new funds to address mental health delays.
3. Test/pilot temporary accommodation model for the discharge of medically fit patients
4. Allocate dedicated team to review Out of Trust placements and address discharge or transfer to the Trust on a daily basis
5. Assess potential of adopting “Red to Green” acute approach to discharge of patients.
6. Address blockages to discharge eg transport, cleaning (linked with action 5)
7. Review effectiveness of s117 on care needed after discharge and what improvements are needed

8. Adopt the approach to 'plan discharge on arrival' with service users in liaison with other third sector organisations

4. Purpose of today's meeting

4.1 NSFT has been asked to report to NHOSC with the following information:-

- (a) Current numbers and locations of CCG commissioned and NHS England Midlands & East commissioned NSFT acute in-patient mental health beds for adults and children in Norfolk and Suffolk.
- (b) The number of NSFT in-patient beds per 100,000 people in Norfolk compared to the number of beds per 100,000 in England.
- (c) The number of readmissions within four weeks of discharge from an in-patient bed during the past year.
- (d) Number of people admitted who have had an admission in the previous six months, broken down by CCG area.
- (e) Monthly figures showing the percentage occupancy level of NSFT's inpatient beds during the past year. (The quality target for bed occupancy is 95% occupancy).
- (f) For how many days in the past year has bed occupancy dropped below 100%?
- (g) The numbers of out-of-Trust placements for adults and children during the past year (showing both the number of individual placements and the total bed days, and showing out-of-Trust placements within Norfolk and Suffolk as well as out-of-Trust placements outside of the two counties.)
- (h) The numbers of people who have been detained in police custody waiting for a bed following assessment under the Mental Health Act in the past year.
- (i) For people that have been detained in police custody whilst waiting for a mental health bed during the past year, the length of time from the start of Mental Health Act assessment to:-
 - A mental health bed being identified
 - The person leaving police custody to be conveyed to hospital.

NSFT's report is attached at **Appendix A** and representatives will be present at the meeting to answer Members' questions.

4.2 Mental health commissioners from West Norfolk CCG and South Norfolk CCG (representing the three central Norfolk CCGs) have also been

invited to attend today's meeting to answer Members questions on the investment in mental health services.

Commissioners from Great Yarmouth and Waveney CCG have not been asked to attend because the Great Yarmouth and Waveney Joint Health Scrutiny Committee has been monitoring developments in both adult and children's mental health services in the area since the CCG's formal consultation in 2014. The last report to the Joint Committee was in January 2017 and there will be an update on 6 July 2017.

- 4.3 Representatives from Norfolk Constabulary have been invited to attend the meeting to discuss the detention of people in police custody while they await a mental health bed.

5. Suggested approach

- 5.1 After the representatives from NSFT have presented their report, Members may wish to discuss the following areas:-


- (a) Net investment of £14.1m in mental health services to achieve the aims of the STP is undoubtedly welcome but is it enough to meet the aim of eliminating out of area placements by 2021?
- (b) During a visit to the Police Investigation Centre (PIC), Wymondham on 10 May 2017 Members heard that there are occasions where after the Police and Criminal Evidence (PACE) process has ended, individuals who have been assessed as needing hospital admission under the Mental Health Act are kept at the PIC under common law awaiting transfer to mental health facilities, either because there are no beds available and/or because the ambulance / patient transport service is busy. How often does this occur and how can it be resolved?
- (c) It appears that dedicated staffing of Section 136 suite in King's Lynn could reduce delays for the police. Are the CCGs and NSFT able to identify funding this?
- (d) How much progress has been made with implementing the recommendations of the Bed Review (see paragraph 3.3 & 3.4)? Are NSFT and the CCGs convinced that implementing the recommendations will be enough to enable the service to manage with the current number of mental health beds?

6. Action

- 6.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

- (a) The committee's examination of this subject is complete.
- (b) There is further information or progress updates that the committee wishes to receive at a future meeting.

- (c) There are comments or recommendations that the committee wishes to make as a result of today's discussions.

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